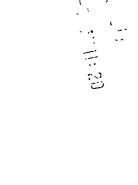
## L03000051381

	(Requestor's Name)			
,	(Address)			
<del></del> (	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	AUG -8 MZ4			

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/07/2024			
Name:	Patrice Rush	_		
Reference #	#:2407135			
Entity Name	e:PORTVIEW II	NN & SUITES, L.L.C.		
Artic	les of Incorporation/Authorization	to Transact Business		
Ame	ndment			
✓ Char	nge of Agent			
☐ Rein	statement			
Conv	version			
Merg	ger			
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
☐ Othe	er			
Authorized A	Amount: <b>\$25.00</b>			
Signature:	(Pastll			

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/07/2024				
	Patrice Rush				
	#:2407135				
	e: PORTVIEW	INN & SUITES, L.L.C.			
Artic	cles of Incorporation/Authorizat	ion to Transact Business			
☐ Ame	endment				
✓ Change of Agent					
☐ Reir	nstatement				
Conversion					
☐ Dissolution/Withdrawal					
Fictitious Name					
Oth	er	_			
Authorized	Amount: \$25.00				
Signature:	(Past M				

F: +852.2682.9790

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company:	PORT	VIEW INN & SUITES, L.L.C.		
2.	(a)		(b)			
	• ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		No Change		No Change		
		12/10/2003		L03000051387		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Oliver, Kent				
-	(-)	Registered Agent and Registered Office shown on the records of t	pt. of State:			
		c/o Kennedy Point Yacht Club				
		Registered Office Address [MUST BE FLORIDA STREET A	<del></del>			
		4749 S Washington Ave Ste 100				
		Titusville FL	3278	<u> </u>		
	(b)	Cogency Global Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered		Office addres	<u>15:</u>		
		115 North Calhoun Street, Suite 4	<b>,</b>			
		NEW Registered Office Address:				
		Tallahassee , FL	3230	01		
the ag	e cha ent v as/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comp f the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
	/s/ Kent Oliver			Kent Oliver		
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
pr the to	ovisi e obl merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have the change of this change.	ee to act in performanc i for in Cha iereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary